(b) the details of procedure of treatment in private hospitals by CGHS beneficiaries and how the reimbursement of expenses on treatment is being made by Government;

(c) whether CGHS beneficiaries are allowed to avail specialized treatments in private hospitals; and

(d) if not, the specific reasons therefor and the reaction of Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR) : (a) The information is given at Annexure—[*See* Appendix 194, Annexure No. 19].

(b) After obtaining the advice of Government Specialist/CMO Incharge of CGHS Dispensary regarding the treatment procedure, permission is granted to the serving CGHS beneficiaries by the concerned office where the Government sarvant is working and in the case of pensioner beneficiaries, the permission is granted by the Government specialist or the CMO in-charge of the dispensary to which the pensioner is attached. Reimbursement of medical expenses in respect of serving employees is made by the concerned office from the Service Head and in respect of pensioners, the reimbursement is made from the CGHS Head by the respective Head of the CGHS covered cities.

(c) Yes, Sir As mentioned above CGHS beneficiaries are allowed treatment in private hospitals recognised under the CGHS. In cases of emergency, they may take treatment in unrecognised private hospitals also subject to *ex-post-facto* sanction.

(d) In view of (c) above, the question does not arise.

Recognition to Hospitals/Diagnostic Centres

2130. SHRI SURYABHAN PATIL VAHADANE :
SHRI ANIL SHARMA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to reply to Starred Question 3 given in the Rajya Sabha on the 19th November, 2001 and state :

(a) whether all recognized hospitals/diagnostic centres had applied for the recognition;

(b) if not, the reasons for giving recognition; and

(c) the reasons for recognizing six more hospitals in the the second instance *vide* O.M. No. Rec. 24/2001/JD(M)/CGHS/Delhi/CGHS(P)/1076-99, dated 25th October, 2001 and not including them in the first list dated 7th September, 2001?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Yes, Sir. All the private hospitals/diagnostic centres recognized under CGHS Delhi *vide* the Deptt. of Health's O.M. dated 7-9-2001 had applied in response to the advertisement issued by the CGHS in November, 2000.

(b) In view of (a) above, the question does not arise.

(c) CGHS beneficiaries were allowed to take treatment in 24 private hospitals recognized under CGHS Delhi as per Deptt. of Health's O.M. dated 18-9-96. In November, 2000, tenders were called for fresh recognition of private hospital under CGHS, Delhi on the basis of which 55 private hospitals/diagnostic centres were recognized *vide* Deptt. of Health's O.M. dated 7-9-2001.

As Sir Gangaram Hospital, New Delhi, Sunderlal Jain Hospital, New Delhi, Escorts Heart Institute and Research Centre, New Delhi, Indraprastha Apollo Hospital, New Delhi, Batra Hospital and Medical Research Centre, New Delhi and Dharamshila Cancer Hospital and Research Centre, New Delhi, did not agree to the revised rates along with the terms and conditions offered by the Govt. in the tender document for fresh recognition, the said hospitals could not be considered for recognition and therefore were not included in the said O.M. dated 7-9-2001. However, *vide* orders dated 25-10-2001, it has been decided for the benefit of CGHS beneficiaries that they can take treatment in thsese hospitals but reimbursement shall be restricted as per the package deal rates given in the Department of Health's earlier O.M. dated 18-9-96.

Manufacture of Hard Crown (Ophthalmic) Glasses

2131. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that, at present, there is no manufacturing facility to manufacture hard crown (Ophthalmic) glasses:

(b) whether it is also a fact that non-availability of indigenous technology and the cost of importing the machinery combined with high customs duty on import of glass manufacturing machinery act as a deterrent on setting up the facility for mass use;